



Thinking about Trance Over a Century: The Making of a Set of Impasses

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Part 2

Philosophical, historical, and cultural perspectives

Chapter 2

Thinking about trance over a century

The making of a set of impasses

Anne Harrington

Abstract

Despite differences in methods and (usually) goals, both hypnosis and meditation involve an unusual state of awareness, generally known as “trance.” Yet, the idea of trance, as an object of scholarly and scientific study, turns out to have been marked, historically, by confusion and controversy. Is trance one thing or many things? A regression to a pathological, primitive state or ascent to an elevated state? Noisy or quiet? Biological or social? Meditation researchers, hypnosis researchers, and anthropologists (interested in phenomena like shamanism and spirit possession) have all, historically, struggled with questions like these in surprisingly similar ways. This chapter uses historical evidence to demonstrate this point, all with the end of suggesting that it could be enormously useful for these different communities to overcome their disciplinary isolation from one another, and see if there is a way in which they could make progress together.

Introduction

What is hypnosis? What is meditation? What do they have to do with each other? Historically, one answer has been more persistent than any other: despite differences in methods and (usually)

goals, both hypnosis and meditation involve an unusual state of awareness, generally known as “trance.”

What exactly is trance? Some people use the word as a kind of “not-in-Kansas-anymore” designation for anything off the map of prosaic consciousness, from the fog of terror to the contemplative stillness of meditating monks to the ecstatic energy of whirling dervishes. Others invoke etymology: the word trance comes from the Latin word *transire*, meaning *passage*. In one way or another, trance is supposed to involve a process in which a person passes from his or her everyday consciousness into some other kind of mental state, only to return to normal consciousness, generally in some way changed by the experience.

For our purposes, it turns out to be most helpful not to try to define trance from the outset but, rather, to map the ways in which generations of researchers (working within Western analytic frames of reference) have themselves historically understood and made use of the idea. When we do that, we discover two things. First, that trance, as an object of scholarly and scientific study, is a remarkably unstable concept, marked by confusion and controversy. What is the relationship between the trance phenomena experienced in non-Western cultures and the Western therapeutic practice called “hypnosis”? What again is the relationship between trance and meditation? Is trance one thing or many things? A regression to a primitive state or an elevated state? Noisy or quiet? Biological or social? Controversy and indecision reigns.

That fact may not be too surprising in itself, but the next fact may be more so. It turns out that meditation researchers, hypnosis researchers, and anthropologists interested in phenomena like shamanism and spirit possession have all, historically, struggled with similar unresolved issues over the nature of trance. Given this, would it not be useful for them to overcome their disciplinary isolation from one another, share their woes, and see if there is a way in which they

could make progress together? Three brief historical excursions into the chief impasses that have bedeviled the efforts of each of these groups will make this point.

Impasse 1: Is trance a bad thing or a good thing?

The first impasse is also the most value-laden of the three. It is focused on the question: is trance a bad thing, a pathological state of consciousness? Or, on the contrary, is it a good thing, a potentially valuable path to human healing and human flourishing?

Pathological or Health-Enhancing? The Case of Hypnosis

The early history of hypnosis provides a first good entryway into the changing consensus on this question. The late eighteenth-century healing ritual known as animal magnetism, or mesmerism, was originally conceived as a strictly physical treatment designed to redress deficiencies or blockages in a patient's animal magnetism (an alleged previously unknown force in the human body). By the 1820s, however (and partly under the influence of Romantic-era philosophies), mesmerized patients were reliably falling into a strange state of consciousness called "magnetic sleep," in which they became unaware of their everyday surroundings, were deeply ("magnetically") attached to the mesmerist, and believed to be capable, with his guidance, of remarkable feats of self-healing, paranormal perception, and occult knowledge. Magnetic sleep was a trance state in all but name, and Romantic-era mesmerists were in no doubt about its health-enhancing nature.

Some people felt the mesmerists went too far, however. The 1840s saw the rechristening of animal magnetism as "hypnosis" (originally "neurohypnosis") by the Scottish surgeon, James Braid, which clearly laid out the terms of a more tempered approach to this special state of consciousness. No longer were we to suppose that this state opened up the mind to otherwise latent paranormal powers. Instead, we were invited to conceptualize trance as a kind of artificial

sleep, a novel brain state involving heightened sensory awareness. This state was achieved, moreover, not through any special “magnetic” influence that the operator had on the subject, but, rather, through intense concentration on a single idea or object (such as a small mirror or watch). While there was nothing paranormal about it, hypnosis itself, as a state, was nevertheless “a very important, powerful, and extraordinary agent in the healing art,” because the brain in this state of heightened sensitivity was able to respond to suggestions of healing in uniquely powerful ways (Braid, 1843, p. 11).

Because he emphasized the self-directed nature of hypnosis, Braid also made a connection to other kinds of phenomena, in ways that should interest us. The state of hypnosis, he said, was similar, if not identical, to the mental state aimed for by Hindu yogis, Zoroastrians, and the “Magi of Persia.” In his words: “The eastern saints are all self-hypnotisers, adopting means essentially the same as those which I had recommended for similar purposes” (Braid, 2008, p. 137).

Meanwhile, other developments were afoot. In India, the surgeon James Esdaile successfully used the older practices of mesmerism (rather than Braid’s hypnosis) as a means of anesthetizing a very large number of native patients undergoing surgery, and Braid himself affirmed the value of his results (Esdaile, 1856). In England, the physician John Elliotson also experimented with mesmerism as an anesthesia on patients in London hospitals, with some success (Elliotson, 1843). These developments were cut short by the introduction of chemical anesthesia in the late 1840s. There is evidence that at least some surgeons embraced chemical anesthesia in part because they had felt threatened by the vision of mesmerists in their operating theaters, interfering with their authority (Winter, 1998).

Mainstream medical interest in (hypnotic) trance then went underground for several

decades. When, in the early 1880s, interest in this trance state was reignited, few were interested in its healing potential. Instead, the focus was on understanding trance as a pathological brain state marked by a reduced capacity for willful action and rational thinking. Its main benefit, in the eyes of many, lay in what it could teach medical science about the labile and degenerate nervous systems of patients suffering from hysteria. Some of the energy driving the new effort was fueled by anticlerical zeal within European medicine at the time. Instead of comparing hypnotized subjects to entranced “eastern saints,” as Braid had done in the 1840s, a new generation of theorizers like Jean-Martin Charcot in Paris drew links between the trances of hypnosis and hysteria on the one side, and medieval descriptions of demonic possession and religious ecstasy on the other. All of this was undertaken with the goal of demonstrating that the saints and demoniacs of Catholic tradition were just undiagnosed cases of hysteria, whose experiences had no meaning outside of their pathology (Charcot & Richer, 1887; Goldstein, 1982).

By the early twentieth-century, Freudian psychoanalysis had emerged as a new powerful way for framing questions about the nature of trance, which gave a new spin to late nineteenth-century beliefs in its primitive, pathological nature. Freud did have some early interest in the therapeutic potential of hypnosis: he had originally used it as a tool for accessing his patients’ repressed memories. However, he abandoned this technique because the use of hypnosis seemed to stir up such “archaic” emotional feelings in his patients. This fact, however, left him with a question: what was hypnosis anyway, and why did it have these powerful effects?

In his final set of reflections on the matter, presented in a book called *Group psychology and the analysis of the ego* (1920), Freud suggested that hypnosis was possible because human beings have inherited an unconscious inclination to surrender their will to the power of the

powerful chieftain, god, or father. “The hypnotist,” he wrote:

. . . awakens in the subject a portion of his archaic inheritance which had also made him compliant towards his parents and which had experienced an individual re-animation in his relation to his father; what is thus awakened is the idea of a paramount and dangerous personality, towards whom only a passive-masochistic attitude is possible, to whom one’s will has to be surrendered (Freud, 1920).

A decade later, prompted by conversations with the French biographer Romain Rolland (who was interested in Indian religious traditions), Freud also addressed the nature of trance states produced by meditative and yogic practices—specifically, the oft-reported “oceanic” feeling of “oneness with the universe.” He proposed that these experiences had their roots in infantile experiences of subjective merging with the world, and especially with the mother (Harrison, 1979). They had no inherent higher spiritual meaning, and no particular therapeutic value.

In short, by the late 1920s, Freud had judged both hypnosis and meditation to involve regression to infantile states of mind. Hypnosis tapped into primitive instincts to do with submission to the authoritarian father, while mysticism tapped into primitive instincts to do with surrender to the “oceanic” embrace of the mother.

Pathological or Health-Enhancing? The Case of Religious Trance

In these same years, anthropology—shaking itself (partially) loose from its nineteenth-century crude concerns with racial hierarchy and differences between civilized and savage societies, had begun to think about trance as well. The phenomena that concerned this discipline were not home-grown forms of trance like hypnosis, with a medical patina, but phenomena with religious significance like spirit possession and shamanism, present in “primitive” Native American, African, and Asian societies. A number began to follow the lead of the German-

American anthropologist Franz Boas, who had insisted on the need to respect all practices in different cultures as meaning-making systems that needed to be understood in their own right (Boas, 1911, in [Boas, 1989](#)). His own reports of shamanism among the Kwatkiutl, therefore, did not address the question of the pathological nature (or not) of the associated trance states, but simply referred them to the local belief system and customs of that culture (Boas, 1897, in [Boas, 1989](#)).

Nevertheless, even after Boas, there remained a widespread tendency to mingle cultural analyses with medical judgments and to see (for example) shamanistic trance behaviors as evidence of undiagnosed schizophrenia ([Noll, 1983](#); cf. [Buckley, 1981](#)). Spirit possession remained closely tied, in the thinking of many, to hysteria (e.g., [Sargent, 1973](#)). It might be possible to analyze the ways in which different societies made sense of trance in terms of their belief systems, but many outside those systems continued to regard the state as more pathological than not.

In 1965, the anthropologist Erika Bourguignon, however, perturbed this uneasy consensus by quietly insisting that trance was part of the general, healthy repertoire of human behaviors. Reviewing the literature on no less than 488 different cultures, she determined that some form of institutionalized altered state of consciousness was present in 90% of them. For the remaining 10%, there was simply insufficient evidence to be able to say for certain if trance was practiced ([Bourguignon & Pettay, 1965](#)). Based on these results, Bourguignon concluded that “the capacity to experience altered states of consciousness is a psychobiological capacity of the species, and thus universal,” even though “its utility, institutionalization and patterning are, indeed, features of culture, and thus variable” (1973, p. 12). With her impressive statistical analysis, she directly challenged those who still believed trance experiences were marginal,

deviant, or intrinsically pathological.

The 1960s would see the rise of new positive interest in the potential of certain kinds of trance (especially drug-induced varieties) to expand one's sense of reality. By the 1970s, experimentation with LSD was giving way to fascination with new kinds of meditative practices like "transcendental meditation" (TM) and Zen (see the section "Is 'trance' a special state or is it nothing special?"). Influential humanistic and transpersonal psychologists like Charles Tart and Arthur Deikman began insisting that everyday consciousness might be among the less interesting and valuable ways of engaging with reality (Tart, 1972; see also Chapter 9). Indeed, Deikman became well known for arguing that most people's everyday life was lived in a kind of "trance" and that practices like meditation contributed to greater awareness and awakening.

So habitual is the trance of ordinary life that one could say that human beings are a race that sleeps and awakens, but does not awaken fully. Because half-awake is sufficient for the tasks we customarily do, few of us are aware of the dysfunction of our condition (Deikman, 1983).

It would be an exaggeration to say that the question as to whether trance is a good thing or a bad thing was resolved in the 1970s, but, by any measure, this was a good decade for people inclined to believe that trance states could contribute to human flourishing.

Impasse 2: Is trance a "special state" or is it nothing special?

At the same time, the 1970s were marked by a second unresolved controversy about the nature of trance, with a history that was at least as unstable as the one we have just reviewed.

Special Brain State or Nothing Special? The Case of Hypnosis

The story here begins with late nineteenth-century attempts—already partly discussed—to investigate hypnosis as a special brain-state, probably of a pathological nature. Indeed, the

Charcot school in Paris considered hypnosis a state of artificial hysteria, with fixed physiological stages, such as catalepsy and lethargy. For Charcot and his colleagues, in other words, hypnosis was a physiological state that followed internal laws, rather than a malleable psychological one that responded to suggestions from the hypnotist. In the mid 1880s, however, a rival of Charcot, Hippolyte Bernheim, challenged this perspective by a demonstration which pointed to quite a different conclusion: he could create all of Charcot's allegedly fixed physiological states in patients of his own but then, through something he called "the power of suggestion," he could change those states, or make them disappear (Bernheim, 1889/2006). Hypnosis seemed to be nothing more or less than what the operator, using suggestion, wanted it to be. Bernheim and others later went further and proposed that hypnosis (itself just a heightened state of receptivity to suggestion) was not even necessary for suggestion to work its powers on the mind and body. Waking suggestion in the absence of trance often seemed just as good.

For some late nineteenth-century hypnosis researchers, Bernheim's findings proved distinctly disturbing. It was hard to know how to study something that was apparently just a product of one's own commands. Maybe hypnosis was nothing more than submission to an authority figure, more a matter for politics and ethics than medicine. Partly in response, interest in hypnosis as a special trance state, with unique physiological or psychological characteristics, languished for some decades.

In the mid twentieth century, however, things took a new turn. As part of a belated effort to rekindle medical interest in hypnosis as a therapeutic tool (Pintar & Lynn, 2009), psychologist Ernest Hilgard argued that hypnosis, in fact, is a specific state—a "trance" state—that is categorically distinct from normal consciousness. However, to understand how it was, a new approach was needed. Hilgard found his new approach through his idea of the "hidden observer."

He argued that, in hypnosis, there is a dissociation or splitting of awareness, different from anything seen in everyday life (the term “dissociation” was adopted from the French psychologist Pierre Janet). A person in a hypnotic state, for example, might say she feels no pain when an experimenter drives a pin into her arm, but it turns out that the “hidden observer” feels everything. Again, the person in a hypnotic state might become deaf or blind in response to a suggestion, but the “hidden observer” continues to hear and see and monitors everything (Hilgard, 1973, 1991). Hilgard’s encouragement to clinicians to reopen the case for seeing hypnosis as a “special state” encouraged other clinicians interested in hypnosis to develop a new, more united stance on this front, even if some of them pointed to other evidence for the special state theory of hypnosis than Hilgard had done (e.g., Crawford & Gruzelier, 1992; Spiegel & Spiegel, 1978/2008).

Not everyone was convinced. An alternative perspective, largely rooted in social psychology, had evidence of its own for concluding that, actually, all forms of so-called “hypnotic phenomena” could be accounted for using “constructs that [were] already an integral part of contemporary social psychology” (Spanos & Barber, 1974, p. 500). There was no need to posit the existence of a kind of trance-like “special state” to account for the phenomena observed in experimental and clinical settings. Psychologist Theodore Barber, for example, compared the behavior of stooges actively pretending to be hypnotized (simulators) and people presumably “really” hypnotized. He found that strongly motivated simulators were indistinguishable behaviorally from “really” hypnotized subjects. Social psychologists William Coe and Theodore Sarbin perhaps best summed up this new perspective when they argued that a hypnotized subject is like a dramatic actor who is highly absorbed in a given role. The hidden meaning of a hypnotic induction, they suggested, might be most appropriately phrased: “Please participate in a

miniature drama” (Coe & Sarbin, 1991, p. 317; for more studies and analyses in this tradition, see Kirsch & Lynn, 1995; Sarbin & Coe, 1972; Spanos, 1991; Spanos & Chaves, 1970).

And so the battle lines were drawn. In 1992, in an essay pointedly entitled “Two hundred years of hypnosis research: Questions resolved? Questions unanswered!” Michael Dixon and Jean-Roch Laurence lamented the extent to which “research in hypnosis has essentially remained polarized, with separate schools adhering to basically the same theoretical perspectives that were established in the late 19th century”: one camp persisted in arguing for the specific state-nature of hypnosis by proving that changes in cognitive (or, some insisted, brain) functioning occur, and the other camp persisted in arguing for the centrality of social role play, suggestion, and the demand characteristics of the hypnotic ritual (Dixon & Laurence, 1992, p. 40–44). It is true that, in a recent (2011) issue of the *International Journal of Clinical and Experimental Hypnosis*, psychologist Steven Jay Lynn and Joseph Green aimed to bring together the warring camps in an effort to find a path to “rapprochement.” “Notions of unconscious processing and misattribution are not inconsistent with the concept of goal-directed action,” they observed. Nevertheless, even they admitted that the project of reconciliation was still an unfinished one. “Complete rapprochement between competing theoretical camps,” they admitted, may prove “elusive” (Lynn & Green, 2011).

Special Brain State or Nothing Special? The Case of Meditation

Meanwhile, similar debates about the degree to which trance is a “special state” were going on in meditation research. In 1969, a graduate student at the University of California in Los Angeles, M. Robert Keith Wallace, decided to do his dissertation research on the physiological effects of a form of meditation derived from Hindu practices that had recently become widely popular in the United States and Europe—transcendental meditation, or TM.

Taught by the Maharishi Mahesh Yogi from India, the claim of TM was that a mere 15–20 minutes of practice, twice a day, helped make a person’s mind more peaceful, intelligent, and creative. Wallace recruited college students who had taken a course in TM, hooked them up to various measuring instruments, asked them to meditate, and found that, on average, they showed significant changes in their physiological state: reductions in oxygen consumption; reductions in resting heart rate; and changes in skin resistance (Harrington, 2007).

Most significantly, from Wallace’s perspective, his subjects also showed significant changes in their brain waves—evidence, he believed, that their brains (and minds) were in a unique trance state. According to Wallace, electroencephalography (EEG) results showed a highly coherent pattern of brain-wave activity that he believed to be different from anything previously reported in the literature. The Maharishi and his followers had long claimed that TM practice produced a unique state of consciousness. Wallace, it seemed, had now proven them right. In 1970, Wallace announced his discovery of a “fourth major state of consciousness” in the flagship journal, *Science*:

<EXT>Physiologically, the state produced by transcendental meditation seems to be distinct from commonly encountered states of consciousness, such as wakefulness, sleep, and dreaming, and from altered states of consciousness, such as hypnosis and autosuggestion (Wallace, 1970).</EXT>

The cardiologist Herbert Benson at Harvard Medical School disagreed. Benson had been interested for some time in the possibility that stress increased one’s risk for heart disease, and was persuaded in the late 1960s to investigate TM as a potential strategy for stress reduction. When he first began studying TM practitioners, Benson had not known of Wallace’s work, but upon discovering it, he proposed a collaboration. Wallace moved to Harvard, and he, Benson,

and a third colleague, Archie F. Wilson, developed a new protocol to study their subjects. Blood pressure, heart rate, brain waves, rates of metabolism, and rates of breathing were all to be measured under two conditions: first, the subjects would be asked to sit quietly for 20 minutes; and second, they would be asked to sit quietly and meditate—repeat their mantra, etc.—for 20 minutes. The aim was to assess the distinctive contribution (if any) of meditation. “What we found,” Benson later recalled, “was astounding. Through the simple act of changing their thought patterns, the subjects experienced decreases in their metabolism, breathing rate and brain wave frequency” (Benson, 2001).

At the same time, Benson was adamant that the changes in brain wave frequency in his meditating subjects were merely evidence that the practitioners were very relaxed; there was no reason to conclude from these data, he believed, that TM produced a “special state” of consciousness, with a unique brain signature. Benson’s challenge to Wallace’s EEG data infuriated the TM community, and helped trigger a series of studies in the 1970s aimed at resolving the issue, albeit with no clear outcome (e.g., AvRuskin, 1988; Corby, Roth, Zarcone, & Kopell, 1978; Delmonte, 1984; Elson, Hauri, & Conis, 1977; Fenwick, Donaldson, & Gillis, 1977; Morse, Martin, Furst, & Dubin, 1977). More recently, it has been claimed that the brain function of a few, very accomplished, meditators differs from anything seen in normal controls, especially in terms of their high frequency of gamma waves (Lutz, Greischar, Rawlings, Ricard, & Davidson, 2004) and their cerebral blood flow levels to certain brain areas associated with a state of waking rest (Brewer et al., 2011). No one has suggested, though, that these findings have resolved the controversy, or that we now have a reliable biomarker of the meditative trance state itself.

Impasse 3: Is trance “one thing” or is it “many things”?

Running alongside the continuing unresolved controversies about whether trance is or is not a good thing, and about whether trance is or is not a “special state” has been a third disagreement over whether trance is a single thing at all. Perhaps there is no such thing as “trance” as such. Perhaps there are only “trances”—a whole family of discrete phenomena, each of which requires investigation in its own right (cf. [Aaronson, 1973](#)).

Anthropologists in particular have pushed this perspective. Erica Bourguignon, for example, early introduced what became a widely accepted distinction in anthropology between two kinds of trance that she called “trance” and “possession-trance.” For Bourguignon, “trance” was the term to be applied to certain altered states of consciousness that are experienced as being under voluntary control of the individual, whereas “possession-trance” is the term to be applied to other, distinctively different altered states of consciousness that are experienced as being largely involuntary ([Bourguignon, 1973, 1989a](#)).

Others within anthropology proposed alternative typologies. For example, in the early 1980s, anthropologists Larry Peters and Douglass Price-Williams proposed a distinction between “trance” and something they called “ecstasy” (Peters and Price-Williams, 1983). Trance, they suggested, was an altered state of consciousness involving voluntary mastery of the altered experience; it is commonly experienced during shamanistic practices and perhaps some experiences of Western hypnosis. Ecstasy, in contrast, was an experience of altered consciousness marked by a sense of loss of control; it is commonly experienced in certain kinds of possession rituals and ritual dance performances. Gilbert Rouget, well known for his analyses of the role played by music in trance, also differentiated trance from ecstasy, but (rather confusingly) focused on a quite different set of criteria for defining each. For Rouget, “ecstasy” was a state characterized by immobility, silence, and solitude (characteristic of various

meditative traditions), while “trance” was an experience that he associated with music, movement, noise, and crowds (Rouget, 1985).

Some people who defended these various typologies, especially those within anthropology, also attempted to relate them to different hypothesized brain states. They suggested, for example, that some kinds of trance might be associated with the release of endorphins, facilitating resistance to pain. Others might be associated with the release of peptides such as oxytocin, facilitating feelings of attachment or affiliation (e.g., [Wright, 1989](#)). And some people came close to suggesting that there might be as many different kinds of trance as there were different cultural systems, because native explanatory systems of trance—the “rules” which dictate how trance feels and what it should look like—become instantiated in the experience itself (e.g., [Bourguignon, 1989b](#)).

In hypnosis research, a similar, if somewhat more muted, conversation was going on. Rather than talking about hypnosis as such, some said, the field needed to distinguish between self-hypnosis and hypnosis involving a hypnotist, or what was called hetero-hypnosis (Johnson, 1979); between cognitively oriented hypnosis and hypnosis with a strong emotional and relational dimension ([Banyai, 1991](#)); between the kind of hypnosis experienced by people with low susceptibility as opposed to that experienced by people with high susceptibility to trance ([Brown, 1992](#); [Woody, Bowers, & Oakman, 1992](#)). Once people did that, the discipline would be on a much firmer basis for refining its understanding of the (likely varied) mechanisms and therapeutic potential of these practices.

Meditation researchers have also begun their own version of this conversation. As early as the late 1980s, the psychologist Daniel Goleman published a book that proposed a typology of different meditative states, and counted as many as 11 ([Goleman, 1988/1996](#)). Many laboratory

studies that followed, however, often failed to engage with the implications of the fact that they might be dealing with a pluralistic set of traditions. Why should anyone have ever thought that practices as diverse as Sufi dancing, Tibetan tantric practices, and Taoist T'ai Chi could all just be subsumed under the same umbrella term “meditation”? One answer, a more recent generation of scholars have suggested, lies in the field’s unfortunate continuing attachment to the early twentieth-century ideology of “perennialism.” Perennialism has historically believed that, beneath their surface differences, all religions teach truths distilled from shared mystical insights (Huxley & Bradshaw, 1945). A more reasonable, if less romantic alternative, these scholars say, is to begin with difference as it presents itself in the lived traditions themselves. Instead of assuming that there is one mystical experience that is the same for everyone, we need to pay careful attention to nuanced differences in the introspective reports of different kinds of meditative states, and create a map of similarities and differences in experiences associated with different kinds of practices (e.g., Bitbol & Petitmengin, 2013). From there, one can begin to develop hypotheses about underlying shared and different brain mechanisms involved (e.g., Lutz, Slagter, Dunne, & Davidson, 2008; Liftshitz et al. 2014.).

Even as all these conversations proceed apace, some continue to defend an argument for unity. In anthropology, this defense has generally taken the form of suggesting that there is one mechanism underlying all different forms of trance, which is then differently patterned or strategically developed through different practices and in different cultural settings (e.g., De Rios and Winkelman, 1989; Winkelman, 2010, 2011). In hypnosis research, “dissociation” was, for a long time, a leading proposed cognitive mechanism thought to unite phenomena as apparently diverse as “conversion hysteria, hypnotic trance, mediumistic trance, multiple personality, fugue states, spirit possession states and highway hypnosis” (Ludwig, 1983). Most recently, though,

attention here has turned to a network of brain regions that are active when the individual is in a state of wakeful rest, but not engaged with the outside world: the so-called “default mode network.” Evidence has been gathered that this network is altered in certain meditative states (Brewer et al., 2011), in states of hypnosis (Deeley et al., 2012), and in the psychedelic state produced by drugs such as psilocybin used in traditional religious ceremonies (Carhart-Harris et al., 2012). These converging research efforts have led some researchers to wonder whether they have identified a candidate biomarker for trance, in general, that might also be sufficiently malleable to account for reported and observed differences in experience. Time may tell.

Conclusion

Hypnosis researchers, meditation researchers, and anthropologists have, historically, grappled with something called “trance.” All three have inherited considerable confusion and controversy over what this entity might be, and even whether it is a useful construct at all. For much of the time, these research communities have largely argued about the issues in relative isolation from one another. If the respective fields now seek to begin new kinds of conversations and even collaborations, one useful starting point may be a reckoning of the role that trance—as an idea and an experience—has played in their respective research efforts over the years. In particular, they might usefully focus attention on the three persistent difficulties that have bedeviled research on trance: Is it or is it not a good thing? Is it or is it not a special state of consciousness? And, in the end, is it or is it not one thing at all? Why have these questions so persistently divided researchers in this field? What have been the distinctive contributions of different research traditions (hypnosis research, meditation research, cultural anthropology) to debates around these questions? The philosopher and essayist George Santayana is generally credited with the epithet, “Those who cannot remember the past are condemned to repeat it.” In few fields

does this seem more likely to be the case than this one.

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